



CHAIN-OF-CUSTODY / Analytical Re
The Chain-of-Custody is a LEGAL DOCUMENT. All relev


Section A Required Client Information: Company: USS Corporation Address: P.O. Box 417 Mt. Iron, MN 55768 Email: Phone: Requested Due Date: Section B Report To: Tom Moe Section C Invoice Information: Attention: Company Name: Address: Pace Quote: Pace Project Manager: heather.zika@pacelabs.com, Pace Profile #:

MO# : 1285224
PM : MMW Due Date: 04/19/17
CLIENT : USS CORP

Report To:	Tom Moe	Company Name:		Regulatory Agency	
Copy To:		Address:		State / Location	
Purchase Order #:		Pace Quote:			
Project Name:	NPDOS-TB WK1	Pace Project Manager:	heather.zika@pacelabs.com,		
Requested Due Date:		Pace Profile #:			

ITEM #	SAMPLE ID One Character per box. (A-Z, 0-9 /, -) Sample ids must be unique	MATRIX Drinking Water D/W Water W/T Waste Water P Product S/S/Solid OIL Wipe Air Other Tissue	CODE DW WT WW P SL OL WP AR OT TS	COLLECTED				PRESERVATIVES								Analyses Test	Y/N	Requested Analysis Filtered (Y/N)										Residual Chlorine (Y/N)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
				MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	DATE	TIME	DATE	TIME	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3			Methanol	Other	TSS,SO4	TRPH 1664																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											

ADDITIONAL COMMENTS		RELINQUISHED BY / AFFILIATION		DATE	TIME	ACCEPTED BY / AFFILIATION		DATE	TIME	SAMPLE CONDITIONS	
		Paul Mattheis		4-5-17	14:00	Heather Zika		4-5-17	1400	28	Y

	Document Name:	Document Revised: 15Mar2016
	Sample Condition Upon Receipt Form	Page 1 of 1
	Document No.: F-VM-C-001-Rev.10	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt

Client Name:

Project #:

WO#: 1285224

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

PM: MMW Due Date: 04/19/17
 CLIENT: USS CORP

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☐ No Optional: Proj. Due Date: Proj. Name:

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: _____ Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun

Cooler Temp Read °C: 2.5 Cooler Temp Corrected °C: 2.8 Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA
 Temp should be above freezing to 6°C Correction Factor: 1013 Date and Initials of Person Examining Contents: MT 4-5-17

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5. If Fecal: <input type="checkbox"/> <8 hours <input type="checkbox"/> >8, <24 hours <input type="checkbox"/> >24 hours
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: WT		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Date: 4-5-17

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)